



Memorandum

Date: January 23, 2020
To: Southern Nevada District Board of Health
From: **Michael Johnson, PhD**, *Director of Community Health* MJ
Fermin Leguen, MD, MPH, *Interim Chief Health Officer* FL

Subject: Community Health Division Monthly Activity Report – December 2019

I. Tobacco Control Program (TCP):

The Southern Nevada Health District tobacco prevention developed a radio campaign to bring awareness about Nevada's public vaping law that will take effect January 1, 2020. The campaign consists of radio and social media ads and began in November. Both radio and social media ads were translated by SNHD TCPC staff and will be aired on Spanish media networks.

Staff continues to provide technical assistance to the City of Las Vegas Parks Department to implement a jurisdiction-wide smoke/tobacco-free parks and recreation policy. City of Las Vegas Councilman Knudsen introduced the tobacco -free parks ordinance in November. Staff collected letters of support from community organizations such as the American Lung Association, American Heart Association, Nevada Public Health Association, Nevada Tobacco Prevention Coalition, and the Nevada Minority and Health Equity Coalition. Additionally, staff coordinated testimony from community partners including Southern Nevada Health District leadership.

Staff worked with SNHD communications office to develop and issue a Great American Smoke Out (GASO) press release. Staff conducted a TV interview with local ABC regarding the GASO and the Quitline. Staff worked with contracted media firm to develop a Brief Intervention cessation focused media campaign using web ads, and print materials targeted at healthcare providers. The campaign began running in May and concluded in November 2019.

In November, 108 apartment units were added to the online Smoke-free Housing Directory.

Chronic Disease Prevention Program (CDPP):

CDPP staff, in partnership with the Clark County School District (CCSD) Safe Routes to School program (SRTS), conducted a bicycle & pedestrian-safety presentation on November 12th at Davich Elementary School. Approximately 35 students were in attendance and CDPP staff covered topics related to bike & pedestrian safety including, defining what/who a stranger is, 3 basic safety rules (Stop, Look, Listen) and why walk or bike.

With assistance from CDPD staff, the UNLV Food Pantry held a "Pop-Up Pantry" event in the Student Union courtyard. About 200 pounds of food were given out, including apples, oranges and bananas as well as shelf stable food from the pantry. Information about the UNLV Food Pantry hours, food and location were also distributed. CDPD staff also provided program materials to 8 faith-based pantries this month (17 total since the outreach began). Nutrition messaging bulletin boards were provided to 5 faith-based food pantries in November.

The Beauty Salon Health Outreach Project (BeSHOP) officially launched in November with 2 salons participating. Two screenings were held in November at the intervention salon and one new volunteer was trained in November. The state is still working with NICRP to get the program running at the control salon.

CDPD staff coordinated and participated in several events to commemorate American Diabetes Month in November:

- CDPD staff conducted Part 1 of a diabetes self-management & education (DSME) workshop at the Heinrich YMCA on November 20th with 4 participants. CDPD staff will use information from this workshop to assist with the process of adding the Heinrich YMCA as an expansion site under the umbrella of SNHD's ADA-recognized DSME program.
- CDPD staff also provided diabetes presentations at the West Flamingo Community and Senior Center and the Ardiente Senior Center with a total of approximately 70 participants
- CDPD staff participated in the 28th annual Health and Diabetes Fest at Desert Springs Hospital, interacting with nearly 400 people who attended the event.
- CDPD staff worked with an Albertson's Registered Dietitian to help promote a grocery store tour focused on eating healthy with diabetes. A total of 8 people attended the tour and tasting event.
- Finally, CDPD staff assisted with drafting a news release commemorating American Diabetes Month and participated as a guest on the Healthier Tomorrow Radio program to speak about diabetes on the November program.

**OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – December 2019
Activities Report**

A. Surveillance and Investigations

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

	Dec-18	Dec-19		FY 18-19	FY 19-20	
Sexually Transmitted						
Chlamydia	1070	1005	↓	6898	7194	↑
Gonorrhea	455	397	↓	2774	2808	↑
Primary Syphilis	12	10	↓	119	134	↑
Secondary Syphilis	24	11	↓	164	171	↑
Early Non-Primary, Non-Secondary ¹	31	11	↓	231	165	↓

Syphilis Unknown Duration or Late ²	54	32	↓	342	400	↑
Congenital Syphilis (presumptive)	3	1	↓	15	22	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	2	2	→	19	14	↓
Syphilis Pregnant Cases	8	20	↑	72	85	↑
Perinatally Exposed to HIV	3	0	↓	10	1	↓
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary						
² Syphilis Unknown Duration or Late= CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	5	2	↓	26	22	↓
Hepatitis A	3	1	↓	39	99	↑
Hepatitis B, acute	1	1	→	19	18	↓
Hepatitis B, chronic	22	24	↑	314	556	↑
Influenza	151	195	↑	1056	1420	↑
Meningococcal disease (Neisseria Meningitidis)	0	0	→	3	3	→
Mumps	0	0	→	4	2	↓
Pertussis	1	1	→	47	43	↓
Enterics						
Campylobacteriosis	10	11	↑	122	143	↑
Giardiasis	3	1	↓	56	53	↓
Rotavirus	1	2	↑	24	60	↑
Salmonellosis	4	2	↓	187	136	↓
Shiga toxin-producing Escherichia coli (STEC)	0	0	→	22	32	↑
Shigellosis	6	1	↓	93	73	↓
Other						
Hepatitis C, acute	4	1	↓	23	21	↓
Hepatitis C, chronic	247	397	↑	3039	6413	↑
Invasive Pneumococcal Disease	35	15	↓	209	237	↑
Lead Poisoning	3	1	↓	189	144	↓
Legionellosis	2	1	↓	16	23	↑
Meningitis, aseptic	5	4	↓	34	73	↑
Streptococcal Toxic Shock Syndrome (STSS)	1	5	↑	31	31	→
New Active TB Cases Counted (<15 yo)	3	0	↓	3	0	↓
New Active TB Cases Counted (>= 15 yo)	9	1	↓	27	25	↓
West Nile virus neuroinvasive disease	0	0	→	0	34	↑

2. Number of Cases Investigated by OEDS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/FUP ³		
Chlamydia	33	0	65	0		
Gonorrhea	25	1	122	0		
Syphilis	69	8	128	1		

HIV/AIDS (New to Care/Returning to Care)	16	0	44	29		
Tuberculosis	7	0	29	5		
TOTAL	150	9	388	35		

¹Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

²Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

³OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

**Monthly DIIS Investigations
Other Communicable
Diseases**

Confirm Case (Clinical and Lab Required)	Confirmed Case (Lab Only)	Full Investigation	OOJ with Investigation	OOJ without Investigation
217	70	102	1	12

3. Disease and Outbreak Investigations

a. Hepatitis A outbreak declared: On June 19, 2019, SNHD declared an outbreak of HAV in those experiencing homelessness and/or drug use. As of December 23, there have been 100 cases of hepatitis A associated with this outbreak. Among these cases, 88% were identified as people who used drugs (both injection and non-injection), and 74% were identified as people experiencing homelessness, and 13% were among people with a history of current or recent incarceration. Eighty seven percent of hepatitis A cases associated with this outbreak were hospitalized during their illness, and one person died. SNHD had implemented an Incident Command Structure (ICS) to respond to this outbreak and due to the decline in cases, ICS was inactivated on November 19, 2019. SNHD continues working with community partners to provide hepatitis A vaccinations to the at-risk population. Between June 19, 2019, when the outbreak was declared, and December 16, 2019, SNHD administered over 3,571 hepatitis A vaccines to adults over 18 years of age, and a total of 7,131 vaccines were administered to adults in Clark County by all providers. SNHD has also engaged local hospitals and their emergency departments, Federally Qualified Health Centers, and other community partners to encourage administration of hepatitis A vaccines to those most at risk for this disease. SNHD has begun offering hepatitis A vaccines in Clark County Detention Center (CCDC), in coordination with CCDC staff and WellPath. This outbreak is ongoing. Weekly updates on the hepatitis A outbreak can be found at: www.snhd.info/hep-a-control.

b. Concerning Gonorrhea Isolate case identified in Clark County: OEDS is continuing to work with the CDC regarding a case of Gonorrhea with a potential cause of concern for emerging antibiotic resistance to the main drug class (i.e., cephalosporins) used for gonorrhea treatment. OEDS is working to refer contacts in for evaluation and treatment, as well as identifying sexual networks through interviewing, to determine if this particular strain is circulating in our jurisdiction. During a conference call with the CDC in December, it was suggested to ask the patient and their partners where they seek medical care so

our office could provide academic detailing and bring awareness to a reduced susceptibility strain identified in our jurisdiction.

c. *Illnesses in Clark County linked to e-cigarette use:* The OEDS confirmed six cases of e-cigarette, or vaping, product use associated lung injury (EVALI). The first case reported was in an individual under the age of 18 years old, three cases were in adults ages 18-24, and two cases were in adults ages 25-49. Two of the individuals reported using e-cigarettes with nicotine products. Five of the individuals reported using tetrahydrocannabinol (THC) products and/or cannabinoid (CBD) oils. (Note: Some patients reported using both substances) All six individuals reported purchasing or acquiring their products from different sources, including friends, retail outlets, and through online purchases. OEDS has collected e-cigarette products from three cases and is working with our Nevada state partners, the Center for Disease Control and Prevention and the U.S. Food and Drug Administration on this national outbreak.

d. *Influenza:* Seasonal Influenza activity in Clark County has been increasing. For the season, as of 12/28/2019, 526 influenza-associated hospitalizations and six influenza-associated deaths were reported. Influenza B was the dominant type circulating. SNHD will continue to update the public on the progression of this influenza season and encourage influenza vaccination for all persons 6 months of age and older with rare exception.

e. *Shigella Outbreak at a homeless shelter:* The Office of Epidemiology and Disease Surveillance (OEDS) was notified of a potential gastrointestinal illness outbreak at the Las Vegas Rescue Mission via a call from Valley Hospital ER staff. OEDS and environmental health performed two site visits to assess conditions and make recommendations. OEDS was able to collect 3 stool kits for analysis by SNPHL onsite and connect another sample collected at UMC to the shelter as well via patient interview. The shelter COO, CEO, and staff were open to all OEDS and EH suggestions. They implemented new measures and isolation precautions to help reduce spread of illness. In total there were 27 affected clients and staff. This investigation is now closed. There were no new illness onsets after Nov 16th, 2019. Although the cluster associated with the shelter was declared over, this particular Shigella pattern has increased throughout the Valley. The additional cases have no link with the shelter and OEDS was unable to find a link among them. OEDS is continuing to monitor this Shigella pattern for any additional commonalities.

4. Non-communicable reports and updates:

a. *Naloxone training:* The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded SNHD with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September of 2017. The purpose of this 4-year FR-CARA grant is to train and distribute naloxone to first responders and members of other key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Trainings continue in Nye County communities,

Tonopah, and numerous first responder, medical, and treatment organizations. OEDS has implemented a policy for SNHD staff to carry and administer Naloxone. OEDS has also been given permission at The Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of December:

12/4/19 - Riverside Hotel Security (Laughlin); trained 1, distributed 25

12/17/19 – SNHD Staff; trained 10, distributed 20

- b. **Overdose Data to Action Grant (OD2A):** The OEDS has been working with our contractors to help ramp up their capacity to start delivering services in the 3rd and 4th quarters of this award year. Additionally, our office has been training our new team on internal processes, goals for award year 1 of ODTA, engaging in community forums and meetings, and creating policies and procedures for day-to-day operations for this project.

B. Prevention- Community Outreach/Provider Outreach/Education

For the month of December in observance of World AIDS Day, SNHD OEDS, community providers, local politicians, UNAIDS, IAPAC and stake holders participated in Fast Track Nevada. Nevada was the “first” state wide effort as opposed to the other cities who have joined the initiative. The signing of the Paris Declaration marks the formal beginning of the Fast-Track Initiative in Nevada, a global partnership between the City of Paris, Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Human Settlement Program, International Association of Providers of AIDS Care (IAPAC), as well as local, national, and international organizations and public health agencies. The Fast-Track Nevada Initiative represents the dedication and support of our local, state, federal, and global partners who are committed to providing comprehensive resources in our community and stopping the epidemic.

The Paris Declaration calls on cities to strengthen their local HIV/AIDS responses and pledge their support to ensure that:

- 90% of people living with HIV know their HIV status
- 90% of people living with HIV who know their HIV-positive status are on antiretroviral therapy (ART)
- 90% of people living with HIV on ART are achieving viral suppression

About Fast-Track Cities:

Cities bear a large share of the global HIV burden. In countries with large HIV epidemics, the numbers of people living with HIV (PLHIV) in urban areas are so high that effective city-level action is likely to influence national outcomes. Even where an HIV epidemic is smaller, cities are home to large numbers of people belonging to populations at higher risk of HIV infection, but which often receive limited attention in HIV programs. The Fast-Track Cities initiative is a global partnership between more than 250 high HIV burden cities, the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations Human Settlements Program, and the City of Paris. The initiative was launched on World AIDS Day 2014 in Paris. More information is available at www.iapac.org/fast-track-cities. This event

marked an important day in Nevada and for our community. In the end, we had excellent participation and support from the community with the work group sign ups moving forward and from time to time update the BOH once those work groups have met and developed the 'Plan" moving for Nevada.

Academic detailing continues to community providers for congenital syphilis and PrEP. In addition, 3 of the OEDS staff attended the HIV Biomedical Conference (PrEP) in Houston, TX. Staff were able to learn and network with other agencies providing PrEP in their communities.

OEDS staff returned excited and invigorated with the information and ideas to potentially implement here in Clark County and statewide.

C. High Impact HIV/STD/Hepatitis Screening Sites

- a. Mondays: No Testing at The Center this month. Renovations have been taking place for the expansion of services in 2020.
- b. Mondays: Trac-B Exchange - Rapid HIV and Hepatitis C testing; target population; IDU. No testing on Wednesdays at Trac-B.
- c. Saturdays: Bi-weekly testing at CCDC for HIV, Syphilis, Hep C; target population; incarcerated.
- d. 12/17: Harm Reduction monthly outreach event with community partners AHF, Help of So. NV, Trac-B and SNHD/OEDS.
- e. Ongoing testing at Entourage every Mon and Wed. Testing for HIV, syphilis, gonorrhea and chlamydia; target population is high risk MSM.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Dec-18	Dec-19		FY 18-19	FY 19-20	
Outreach/Targeted Testing	679	102	↓	4646	4344	↓
Clinic Screening (SHC/FPC/TB)	599	274	↓	3208	3133	↓
Outreach Screening (Jails, SAPTA)	184	232	↑	899	2473	↑
TOTAL	1462	608	↓	8753	9950	↑
Outreach/Targeted Testing POSITIVE	3	1	↓	42	27	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	3	1	↓	27	11	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	4	7	↑
TOTAL POSITIVES	6	2	↓	73	45	↓

*Outreach/Targeted HIV testing numbers were lower in December of 2019 due to The Center (high volume testing site) being closed for most of the month for renovations.

**Clinic Screening HIV testing numbers were lower in December of 2019 due to a training issue with new staff in the SHC. This has since been addressed.

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 12/1/19: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness & Behavioral Wellness Workgroup Meeting attended by Rebecca Cruz-Nañez as a representative; 1 SNHD OEDS attendee.
- b. 12/4/19: Motivational Interviewing Training facilitated by Rebecca Cruz-Nañez; 3 resident physician interns from UNLV in attendance.



November 2019: Clark County Disease Statistics*

Disease	2017		2018		2019	
	November	YTD	November	YTD	November	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive disease	3	25	6	21	1	20
Hepatitis A	0	11	3	36	0	98
Hepatitis B, acute	2	22	1	18	2	17
Hepatitis B, chronic	12	88	18	292	25	532
Influenza	133	800	33	905	299	1225
Meningococcal disease (Neisseria meningitidis)	0	2	0	3	0	3
Mumps	0	2	0	4	0	2
Pertussis	2	36	6	46	4	42
SEXUALLY TRANSMITTED						
Chlamydia	1020	11471	996	12525	1127	12819
Gonorrhea	306	2954	306	3290	316	3579
Syphilis (Early non-primary, non-secondary)	31	412	42	418	18	364
Syphilis (Primary & Secondary)	50	467	41	521	43	576
CONGENITAL CONDITIONS						
Congenital Syphilis	0	17	1	21	1	33
Hepatitis C virus infection, perinatal	0	0	0	1	0	1
ENTERICS						
Amebiasis	1	8	0	3	0	6
Campylobacteriosis	6	86	11	112	12	132
Cryptosporidiosis	0	5	1	11	0	12
Giardiasis	2	30	5	53	6	52
Rotavirus	0	51	0	23	3	58
Salmonellosis	21	147	19	183	10	134
Shiga toxin-producing Escherichia coli (STEC)	2	33	4	22	4	32
Shigellosis	7	93	9	87	12	72
Typhoid (cases and carriers; caused by Salmonella typhi)	0	2	0	0	0	4
Vibriosis (non-cholera Vibrio species infections)	3	4	0	4	0	4
Yersiniosis	0	2	0	0	2	6
OTHER						
Brucellosis	0	0	0	0	0	2
Coccidioidomycosis	20	130	8	135	4	88
Dengue	0	1	1	1	0	6
Ehrlichiosis/Anaplasmosis	0	0	0	3	0	0
Encephalitis	1	4	0	2	0	1
Exposure, Chemical or Biological	1	6	2	7	0	9
Hepatitis C, acute	1	29	0	19	0	20
Hepatitis C, chronic	0	4	221	2792	463	6016
Hepatitis E, acute	0	0	0	1	0	0
Invasive Pneumococcal Disease	11	159	18	174	34	222
Lead poisoning	34	156	5	186	5	143
Legionellosis	0	14	2	14	2	22
Listeriosis	0	2	0	2	0	5
Lyme disease	1	14	1	9	0	12
Malaria	0	3	0	6	1	9
Meningitis, Aseptic	1	18	1	29	3	69
Meningitis, Bacterial Other	2	21	5	27	4	27
Meningitis, Fungal	3	6	0	7	0	4
Q Fever	1	4	0	1	0	2
RSV	25	967	29	1324	101	1993
Rabies, animal	0	1	0	5	0	4
Rabies, exposure to a rabies susceptible animal	0	1	0	3	5	22
Spotted Fever Rickettsiosis	1	3	0	3	0	4
Streptococcal Toxic Shock Syndrome (STSS)	2	24	0	30	2	26
Tularemia	0	2	0	1	0	0
West Nile virus neuroinvasive disease	0	3	0	0	0	34

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

-- Diseases not reported in the past two years or during the current reporting period are not included in this report.

-- Due to changes in the disease reporting processing guideline in 2018, there was an artificial increase of case counts of Hepatitis B, chronic and Hepatitis C, chronic in 2018 vs. 2017.

---- Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

- c. 12/3/19: OEDS staff member Cheryl Radeloff attended the Academic Health Department Summit at SNHD.
- d. 12/6/19: OEDS staff member Cheryl Radeloff received the Legacy Award from Community Counseling Center; 2 OEDS staff members in attendance.
- e. 12/11/19: Media training completed by Rebecca Cruz-Nañez; 12 SNHD staff present; 1 OEDS staff attendee.
- f. 12/11/19: Clark County Behavioral Health Board Meeting attended by Rebecca Cruz-Nañez as a representative.
- g. 12/12/19: NAMI Nevada Mental Health Presentation attended by Rebecca Cruz-Nañez as a representative.
- h. 12/13/19: Sothern NV Harm Reduction Alliance General Meeting attended by Jessica Johnson; 6 total attendees representing WestCare, Trac-B, and SNHD.
- i. 12/16/19: Preventing Violence Discussions on Data for Monitoring and Evaluation attended by Rebecca Cruz-Nañez as a representative.
- j. 12/17/19: OEDS staff member Rebecca Cruz-Nañez completed a 6-week community advocacy training program through The Center Advocacy Training program accredited through NACP hosted by The Center.
- k. 12/18/19: OEDS staff James Foley, Cheryl Radeloff and Michele Shingu presented on "PrEP Navigation" with the LGBTQ of Southern Nevada Wellness Center Staff; 3 LGBTQ staff in attendance.
- l. 12/18/19: 3 OEDS staff participated in a teleconference call with CDC to discuss planning for Public Health Law Trainings; 3 CDC employees/contractors on the teleconference.
- m. 12/18/19: Motivational Interviewing Training facilitated by Rebecca Cruz-Nañez; 10 clinical staff present.
- n. 12/19/19: Human Trafficking 101 attended by Rebecca Cruz-Nañez as a representative.
- o. 12/19/19: Southern NV Opioid Advisory Council Executive Committee meeting. OEDS staff lead and coordinated the meeting; 10 in attendance representing The Fearless Kind, Westcare, Desert Parkway, PACT Coalition, Vegas Stronger, Central Recovery; 1 SNHD OEDS attendee.
- p. 12/21/19: 2 OEDS staff attended "Qualitative and Mixed Methods" meeting with Lauren DiPrete (SNHD EH).
- q. 12/11/19: TB Cohort Review Presentation by Christian Murua and Haley Blake from OEDS and Michelle Villanueva and Regena Ellis from TB Clinic; 12 SNHD staff, 6 community partners in attendance.

E. Other:

- a. **Communicable Disease Statistics:** November 2019 disease statistics are attached. (see table 1)
- b. **New Staff:** OEDS welcomed Shannon Dickey as a new Administrative Assistant who will be working under the ODTA grant.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
- C. Continue to test EpiTrax system (new version of Trisano) internally.
- D. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to

the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.

- E. Assist SNPHL with new instrument preparation, data extraction and reporting needed.
- F. Work with IT to implement and maintain the Electronic Health Record (EHR) system.
- G. Work with OPHEP and Clark county coroner's office (CCCO) to integrate EmTrack and CME.
- H. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.
- I. Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC.
- J. Continue to support Clark County Coroner's Office on Cognos reports and new CME replacement.
- K. Continue to work with the State/CDC to migrate Trisano STD data into NBS.
- L. Continue to work with the State/Clark County to upload SNHD Clinic data into CareWare.
- M. Continue to work with OEDS and IT to develop Expedited Partner Therapy (EPT) application. EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.
- N. Continue to work on uploading Vital Records data to the National Violent Death Reporting System (NVDRS).
- O. Continue to work with OEDS to develop application for Collect 2 Protect (Online Testing Kit).
- P. Work with the state to revise ELC grant budget and workplan.
- Q. Working on a service contract extension with Johns Hopkins University.
- R. Attended the National Association for Public Health Statistics and Information Systems (NAPHSIS) conference.
- S. Hired a new PHIS for OD2A grant.

III. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

1. December Meetings:

A. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee finalized and approved a new Sepsis protocol.

B. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and

assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board approved the Sepsis protocol as recommended by the DDP. The Board also held a workshop to discuss revisions to the EMS Regulations.

C. EMS Regulations Workshop

The OEMSTS held the third and final workshop to review the draft EMS Regulations prior to approval by the Board of Health.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

December EMS Statistics	December 2018	December 2019		FY 18-19 (December)	FY 19-20 (December)
Total certificates issued	25	21	↓		
New licenses issued	24	19	↓		
Renewal licenses issued (recert only)	0	0	=		
Driver Only	20	39	↑		
Active Certifications: EMT	600	679	↑		
Active Certifications: Advanced EMT	1418	1493	↑		
Active Certifications: Paramedic	1696	1764	↑		
Active Certifications: RN	47	47	=		

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP attended the National Healthcare Preparedness Conference in Houston Texas. The keynote speakers included the Assistant Secretary for Preparedness and Response primary deputy, Department of Homeland Security Medical Operations, The MESH Coalition Chief Health Officer, and numerous other breakout sessions pertaining to coalition and Hospital Preparedness Program grant deliverables.
- B. OPHP participated in the Veterans Affairs Southern Nevada Healthcare System Emergency Management Tracer during their Joint Commission Survey. For this tracer, the surveyor asked about the VA's support to the community, if patients/veterans were received as part of the patient movement, sustainment of actions, and any improvements that could be made. This tracer was focused on the community support mission of the VA.
- C. OPHP participated in the Clark County Office of Emergency Management activation of the Multi-Agency Coordination Center and Medical Surge Support Team. This activation supports New Year's Eve activities in Las Vegas and Clark County during New Year's Eve celebrations.
- D. OPHP met with Encompass Health–Desert Canyon to discuss CMS, membership in the Southern Nevada Healthcare Preparedness Coalition, community-wide

exercise, the Hazard Vulnerability Analysis, and Communication Plan; each area required to meet CMS requirements.

- E. OPHP staff continue to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly test of the system ensures that District staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat.
- F. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- G. OPHP staff continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings.
- H. OPHP staff continue to work with SNHD Quality Improvement Coordinator to develop improvement plan action items for performance measures based on feedback provided from most recent Public Health Accreditation Board Accreditation site visit.

2. PHP Training and PH Workforce Development:

A. OPHP Education and Training: OPHP Training Officers continue to conduct new employee Emergency Preparedness Training, Intro to OPHP departmental presentations, co-instruct Regional Decon Training for SNHPC partners, conduct CPR and First Aid courses at the Health District; support community partners to conduct and ensure SNHD staff have opportunities to attend training for agency required ICS courses.

- 3. **Employee Health Nurse** SNHD staff continue to receive respirator fit testing (24), annual TB testing (10), and other workforce vaccinations based on Health District response to these threats (24).

4. Grants and Administration:

- A. OPHP continues to work on current activities within PHEP, CRI and HPP grants. We are on target to spend the funds down by the June 2020 end of the grants. OPHP has not identified any barriers within the activities we have budgeted for this fiscal year.
- B. **Medical Reserve Corps (MRC) of Southern Nevada:** Seven volunteers assisted SNHD at the Main and East immunization clinic, Main Foodhandler Safety office, and Pharmacy. One MRC nurse deployed with the hepatitis A strike team to administer vaccines, donating 4.75 hours. The MRC Coordinator planned for coming events, attended VOAD meeting, recruited, processed new volunteers, decommissioned volunteers and sent the monthly newsletter and bulletins. December MRC volunteer hours totaled 96 with a monetary value of \$2,356.71.

IV. VITAL STATISTICS

December 2019 showed a 5.5% decrease in birth certificate sales in comparison to December 2018. Death certificate sales showed a 6% increase for the same time frame.

SNHD received revenues of \$34,099 for birth registrations, \$21,965 for death registrations; and an additional \$4,740 in miscellaneous fees for the month of December.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	December 2018	December 2019		FY 18-19 (December)	FY 19-20 (December)	
Births Registered	2,332	2,190	↓	13,967	13,877	↓
Deaths Registered	1,371	1,579	↑	8,601	8,944	↑

Vital Statistics Services	December 2018	December 2019		FY 18-19 (Dec)	FY 19-20 (Dec)	
Birth Certificates Sold (walk-in)	2,562	2,439	↓	18,766	19,983	↑
Birth Certificates Mail	85	86	↑	612	525	↓
Birth Certificates Online Orders	946	867	↓	6,953	6,414	↓
Birth Certificates Billed	125	118	↓	651	719	↑
Birth Certificates Number of Total Sales	3,718	3,510	↓	26,982	26,641	↓
Death Certificates Sold (walk-in)	916	1,221	↑	5,824	7,449	↑
Death Certificates Mail	63	38	↓	391	310	↓
Death Certificates Online Orders	5,836	5,964	↑	35,883	33,395	↓
Death Certificates Billed	25	22	↓	161	202	↑
Death Certificates Number of Total Sales	6,840	7,245	↑	42,259	41,356	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	December 2018	December 2019		FY18-19 (December)	FY19-20 (December)	
Birth Certificates Sold (walk-in)	68.9%	69.5%	↑	69.6%	75%	↑
Birth Certificates Mail	2.3%	2.5%	↑	2.3%	1.9%	↓
Birth Certificates Online Orders	25.4%	24.7%	↓	25.8%	24.08%	↓
Birth Certificates Billed	3%	3%		2%	2.7%	↑
Death Certificates Sold (walk-in)	13.4%	19.9%	↑	13.8%	18%	↑
Death Certificates Mail	.9%	.5%	↓	.9%	.7%	↓
Death Certificates Online Orders	85.3%	82.3%	↓	84.9%	80.8%	↓
Death Certificates Billed	.4%	.3%	↓	.4%	.5%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	December 2018	December 2019		FY 18-19 (December)	FY 19-20 (December)	
Birth Certificates (\$20)	\$74,360	\$80,220	↑	\$539,640	\$542,840	↑
Death Certificates (\$24)	\$136,800	\$178,336	↑	\$845,180	\$997,000	↑
Births Registrations (\$13)	\$35,958	\$34,099	↓	\$266,877	\$261,274	↓
Deaths Registrations (\$13)	\$19,526	\$21,965	↑	\$126,581	\$128,943	↑
Miscellaneous	\$3,107	\$4,740	↑	\$22,622	\$28,012	↑
Total Vital Records Revenue	\$269,751	\$319,360	↑	\$1,800,900	\$1,958,069	↑

Note:

Number subject to change once all transactions clear.

- Increase in death certificate revenue is due to implementation of fee increase for death certificates from \$20 to \$24 each, effective July 1, 2019 (SB 463, NRS 440.700, NRS 440.715 and BOH approved).

On December 12th, 2019 birth and death certificates increased to \$25 each.

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

Passport Services processed 388 passport applications and provided 208 photos.

Revenue	December 2018	December 2019		FY 18-19 (Dec)	FY 19-20 (Dec)	
Passport Execution Fee (\$35)	\$10,080	\$13,580	↑	\$61,285	\$118,160	↑
Passport Photo Fee (\$12)	\$2,064	\$2,496	↑	\$10,428	\$20,160	↑
Total Passport Program Revenue	\$12,144	\$16,076	↑	\$71,713	\$138,320	↑